



UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	CE11194JI211
	First Inventor:	Khawand, Charles
	Title:	INTERPROCESSOR COMMUNICATION PROTOCOL PROVIDING GUARANTEED QUALITY OF SERVICE AND SELECTIVE BROADCASTING
	Express Mail Label No.:	EU940604517US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O.Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="33"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="10"/> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ _____	
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. <input type="text"/> Prior Appl. information: Examiner: <input type="text"/> Group/Art Unit: <input type="text"/> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below	
		22917	
Name	Lalita W. Pace		
Address	Motorola, Inc. - Law Department		
City	Schaumburg	State	IL
Country	U.S.A.	Telephone	847-538-5855
Name	Lalita W. Pace	Registration No.	39,427
SIGNATURE			Date July 29, 2003

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<p align="center"><b>FEE TRANSMITTAL</b></p> <p>Patent fees are subject to annual revision</p>		<i>Complete if Known</i>	
		Application Number	
		Filing Date	July 29, 2003
		First Named Inventor	Khawand, Charles
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$) <b> 790.00</b>	Attorney Docket No.	CE11194JI211

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1.	<input checked="checked" type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:	
Deposit Account Number		50-2117	
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="checked" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17         </div> <div style="width: 45%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27         </div> </div>			

Name (Print/Type)	Lalita W. Pace	Registration No.	39,427	Telephone	847-538-5855
Signature	Lalita W. Pace			Date	July 29, 2003

* Reduced by Basic Filing Fee paid	<b>SUBTOTAL (3)</b>	<b>(\$)</b> 40.00
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